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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Political Action Committee of the American Association of Orthopaedic Surgeons 317 Massachusetts Avenue, NE ADDRESS (number and street) 1st Floor Check if different than previously Washington DC 20002 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00343137 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Х Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the 02 2010 11 Election on State of 10 14 2010 22 2010 11 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. William J. Robb, III, MD Type or Print Name of Treasurer Electronically Filed by William J. Robb, III, MD 12 0 1 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS 2/67

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

Political Action Committee of the American Association of Orthopaedic Surgeons

D D 10 14 2010 11 22 2010 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 1244924.20 January 1 (b) Cash on Hand at 1412882.82 Begining of Reporting Period 71075.73 1358392.02 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1483958.55 2603316.22 6(a) and 6(c) for Column B) 238829.93 1358187.60 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 1245128.62 1245128.62 (subtract Line 7 from Line 6(d)) Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 67

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period:

From:

M M D D D 14

2010

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м м 1 1 D D 22

Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	61550.00	1228383.00
(ii) Unitemized	5850.00	91395.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	67400.00	1319778.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	67400.00	1319778.00
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
4. Loan Repayments Received 5. Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	3641.79	21423.55
to Federal candidates and Other Political Committees	0.00	17000.00
7. Other Federal Receipts (Dividends, Interest, etc.)	33.94	190.47
B. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	71075.73	1358392.02
). Total Federal Receipts (subtract Line 18(c) from Line 19)	71075.73	1358392.02

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 67

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	222.22	0.000.00
	Expenditures	829.93	21608.60
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	829.93	21608.60
2.	Transfers to Affiliated/Other Party		
3	Committees	0.00	0.00
Ο.	Federal Candidates/Committeesand Other Political Committees	237000.00	1329604.00
4.	Independent Expenditure		
_	(use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	(use concaute 1)	200	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
8.	Refunds of Contributions To: (a) Individuals/Persons Other	1000.00	1075.00
	Than Political Committees	1000.00	1975.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	1000.00	1975.00
9.	Other Disbursements	0.00	5000.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds		
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
11.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	238829.93	1358187.60
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	238829.93	1358187.60

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 67

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Total Contributions (other than loans) from Line 11(d), page 3)	67400.00	1319778.00
Total Contribution Refunds (from Line 28(d))	1000.00	1975.00
Net Contributions (other than loans) (subtract Line 34 from Line 33)	66400.00	1317803.00
Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	829.93	21608.60
7. Offsets to Operating Expenditures (from Line 15, page 3)	3641.79	21423.55
Net Operating Expenditures (subtract Line 37 from Line 36)	-2811.86	185.05

FE6AN026

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 67 (check only one) X 11a
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame			
A .	Full Name (Last, First, Middle Initial) Thomas R. Burgdorff, MD Mailing Address 911 S. Washington St. City Kennewick FEC ID number of contributing federal political committee. Name of Employer Benton Franklin Orthopaedics Receipt For: Primary General Other (specify)	State WA C Occupatio Orthopae	Zip Code 99336-5600 n edic Surgeon e Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: A3D583F965A9142B1A98 Amount of Each Receipt this Period 500.00
В.	Full Name (Last, First, Middle Initial) Christos S. Giannoulias, MD Mailing Address 4308 N. Lincoln Ave A City Chicago FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State IL C Occupatio Orthopae	Zip Code 60618-1753 n edic Surgeon e Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: A64FFF9E861D94F99A3I Amount of Each Receipt this Period 500.00
С.	Full Name (Last, First, Middle Initial) Kenneth W. Graf, MD Mailing Address 221 Nutbluteh Loop City Arden FEC ID number of contributing federal political committee. Name of Employer Mission Hospitals Receipt For: Primary General Other (specify)	, '	Zip Code 28704 on edic Surgeon e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			1250.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any pusing the name and address of any political committee the American Association of Orthopaedic Sur	erson for the purpose of soliciting contributions see to solicit contributions from such committee.
Full Name (Last, First, Middle Initia Robert W. Hunnicutt, MD Mailing Address 6140 Forest H)	Date of Receipt
City Fort Worth	State Zip Code TX 76132-4434	Transaction ID: A915407FB63A74607BI Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initia Peter C. Janes, MD Mailing Address PO Box 1303)	Date of Receipt
City	State Zip Code	Transaction ID: AA2783156F9C64E1C9
Frisco FEC ID number of contributing federal political committee.	CO 80443-1303	Amount of Each Receipt this Period 500.00
Name of Employer Vail Summit Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initia Philip D. Konkel, MD)	Date of Receipt
Mailing Address 4134 Stonefie	ld Dr	10 14 2010
City Meguon	State Zip Code WI 53092-2769	Transaction ID: AAC3DE93A2F304B9E Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Aurora Advanced Healthcare	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	optional)	2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Pag	e (check drily drie)
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Am	ne name and address of any political comm	by person for the purpose of soliciting contributions nittee to solicit contributions from such committee. Surgeons
Full Name (Last, First, Middle Initial) Chaiyaporn Kulsakdinun, MD Mailing Address 14 Juniper Ct City Armonk FEC ID number of contributing federal political committee. Name of Employer Montefiore Medical Group Receipt For: Primary General Other (specify)	State Zip Code NY 10504-1356 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.0	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Cyrus S. Kump, II, MD Mailing Address 118 Tempsford Ln City Richmond FEC ID number of contributing federal political committee. Name of Employer HCA Receipt For: Primary General Other (specify)	State Zip Code VA 23226-2319 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.0	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Gregory R. Lercel, MD Mailing Address 2146 Cooley Place City Pasadena FEC ID number of contributing federal political committee. Name of Employer Southern California Orthopedic Receipt For: Primary General Other (specify)	State Zip Code CA 91104-4112 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.0	Date of Receipt M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1750.00

SCHEDULE ITEMIZED F	E A (FEC Form 3X RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF CO	MMITTEE (In Full)		y not be sold or used by any pers dress of any political committee to ation of Orthopaedic Surge	on for the purpose of soliciting contributions o solicit contributions from such committee.
Matthew R. Lind Mailing Addres City Eldridge	er of contributing I committee.	State IA C Occupation Orthopae	Zip Code 52748-9360 n edic Surgeon Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Las Matthew E. Mitch	pecify) ▼ st, First, Middle Initial)	ls Blvd Suite A	1000.00	Date of Receipt 1 0 1 4 2 0 1 0
City Casper FEC ID number federal political Name of Emplocasper Orthop Receipt For: Primary Other (sp	oyer paedics		Zip Code 82609-3265 n edic Surgeon Year-to-Date ▼	Transaction ID: A73A0F270153B4F879C9 Amount of Each Receipt this Period 1000.00
S. Glen Neale, I Mailing Addres City Morrisville	er of contributing I committee.	State VT C Occupation Orthopae	Zip Code 05661-8972 n edic Surgeon Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (sp			250.00	2250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee to erican Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kenneth M. Oates, MD Mailing Address 3516 W. 3rd St City Anacortes FEC ID number of contributing federal political committee. Name of Employer Northwest Orthopaedics Receipt For: Primary General Other (specify)	State Zip Code WA 98221-1215 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) James R. Ramser, MD Mailing Address 171 Culpeper St City Warrenton FEC ID number of contributing federal political committee. Name of Employer Blue Ridge Orthopaedic Associa Receipt For: Primary General Other (specify)	State Zip Code VA 20186-3502 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M / D D D / Y Y Y Y Y Transaction ID: A29B983374ECF4929Al Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Jose Miguel Santiago-Figueroa, MD Mailing Address El Mirador 8th St G-1: City San Juan FEC ID number of contributing federal political committee. Name of Employer Condado Orthopaedic Receipt For: Primary General Other (specify)	State Zip Code PR 00926 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 750.00	Date of Receipt M M / D D / Y Y Y Y Y 1 0 1 4 2 0 1 0 Transaction ID: AB8DAFBAA024F45A19 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional) .		1000.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persue name and address of any political committee the erican Association of Orthopaedic Surge	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jon A. Simpson, MD Mailing Address 4124 Taylors Chapel City Crossville FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)		Date of Receipt M M
Full Name (Last, First, Middle Initial) Jeffrey J. Sketchler, MD Mailing Address 4804 Marseilles Place City Metairie FEC ID number of contributing federal political committee.	State Zip Code LA 70002-1544	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Gregory W. Soghikian, MD Mailing Address 12 Champagne Terra		Date of Receipt 10 14 2010
City Bedford FEC ID number of contributing federal political committee.	State Zip Code NH 03110-5219 C	Amount of Each Receipt this Period 1000.00
Name of Employer NH Orthopaedic Surgery Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	
	•	1500.00

SCHEDULE A (F ITEMIZED RECE	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purpose NAME OF COMMITTE	s, other than using the name and a E (In Full)	nay not be sold or used by any pers address of any political committee to ociation of Orthopaedic Surge	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Walter K. Urs, MD Mailing Address 10 F City Edison FEC ID number of cont federal political commit	Middle Initial) Parsonage Rd Suite 500 State NJ ributing tee.	Zip Code 08837-2475	Date of Receipt 10 14 2010 Transaction ID: A02682911543F44FBB83 Amount of Each Receipt this Period 1000.00
Name of Employer Edison-Metuchen Orth up Receipt For: Primary Other (specify)	Aggregi General	aedic Surgeon ate Year-to-Date ▼	
Full Name (Last, First, Edward Brooks Weller, Mailing Address 611	ID .		Date of Receipt
City High Point FEC ID number of cont federal political commit	State NC ributing ee. C	Zip Code 27262-4318	Transaction ID: A24B32EA72FF945DB80 Amount of Each Receipt this Period 250.00
Name of Employer High Point Orthopaedic Sport Receipt For: Primary Other (specify)	S & Occupa Orthop Aggregi	tion saedic Surgeon ate Year-to-Date ▼ 250.00	
Full Name (Last, First, Rick W. Wright, MD			Date of Receipt
One	e 11300 West Pavilion Ortho Barnes Jewish Hospital Pla	za	10 14 2010
City Saint Louis FEC ID number of cont	State MO ributing	Zip Code 63110-1003	Transaction ID: A273A63D531184765BF Amount of Each Receipt this Period 250.00
federal political commit	Occupa	tion vaedic Surgeon	
Receipt For: Primary Other (specify)	General Aggrega	ate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts			1500.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pne name and address of any political committee	erson for the purpose of soliciting contributions ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Robert B. Zann. MD		Date of Receipt
Mailing Address 924 Iris Dr		M M / D D / Y Y Y Y Y 1 1 0 1 4 2 0 1 0
City Delray Beach	State Zip Code FL 33483-4811	Transaction ID: A4C3A215998EE41008 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Orthopaedic Surgery Associates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	•
Full Name (Last, First, Middle Initial) Dr. Geoffrey Westrich Mailing Address 535 East 70th Street		Date of Receipt
Walling Address 555 East 70th Street		10 20 2010
City	State Zip Code	Transaction ID: ABE54B47783EA41E39
New York FEC ID number of contributing federal political committee.	NY 10021-4823	Amount of Each Receipt this Period 1000.00
Name of Employer Hospital for Special Surg- ery	Occupation Orthopedic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	•
Full Name (Last, First, Middle Initial) Robert Van Demark, MD		Date of Receipt
Mailing Address 332 Aspen Circle		10 23 2010
City	State Zip Code	Transaction ID: A036D1FFDAFF44B6F
Sioux Falls	SD 57105-6934	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Sanford Health	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SURTOTAL of Receipts This Page (optional)		2250.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	Statements may not be sold or used by any peen name and address of any political committee erican Association of Orthopaedic Surg	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jeffrey A. Geller, MD Mailing Address 25 Apawamis Ave City Rye FEC ID number of contributing federal political committee. Name of Employer NY Presbyterian- Columbia Receipt For: Primary General Other (specify)	State Zip Code NY 10580-3528 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 300.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Kevin Bozic, MD Mailing Address 22 Pigeon Hollow Roa City San Rafael FEC ID number of contributing federal political committee. Name of Employer University of California San Francisco Receipt For: Primary General Other (specify)	State Zip Code CA 94901-2346 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) James A. Albright, MD Mailing Address 51 Brookside Blvd City West Hartford FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code CT 06107-1108 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)	0 0 0 0 0 0 0 0	1100.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(for each category of the Detailed Summary Page	(Check drily drie)
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	name and address of any political commi	
Full Name (Last, First, Middle Initial) Elizabeth A. Arendt, MD Mailing Address Ortho Surgery 2512 S 7th St Ste 200 City Minneapolis FEC ID number of contributing federal political committee. Name of Employer Univ of Minnesota Physicians Receipt For: Primary General Other (specify) ▼	State Zip Code MN 55454-1404 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) David L. Becker, MD Mailing Address 2763 N. 73rd St City Milwaukee FEC ID number of contributing federal political committee. Name of Employer Aurora Advanced Healthcare Receipt For: Primary General Other (specify)	State Zip Code WI 53210-1002 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D M 2 8 2 0 1 0 Transaction ID: AF2C2D9252C3543908 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) James Frank Bethea, MD Mailing Address 1125 Glenwood Ct City Columbia FEC ID number of contributing federal political committee. Name of Employer Columbia Ortho Specialists Receipt For: Primary General Other (specify)	State Zip Code SC 29204-3361 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)		1750.00

SCHEDULE A (FEC Form SITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 67 (check only one) X
Any information copied from such Reports or for commercial purposes, other than usi NAME OF COMMITTEE (In Full) Political Action Committee of the	ng the name and addres	ss of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John Thomas Bolger, MD Mailing Address 1111 Delafield St City	Suite 120	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Waukesha FEC ID number of contributing federal political committee.	C	53188-3402	Amount of Each Receipt this Period 1000.00
Name of Employer Orthopaedic Associates of Wisconsin Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Aggregate Ye	c Surgeon par-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Gary T. Brock, MD Mailing Address 5 Pinehill Ln	<u> </u>		Date of Receipt 10 28 2010
City Houston FEC ID number of contributing	State TX	Zip Code 77019-1111	Transaction ID: A56A71556E0974349ACF Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify)	Occupation Orthopaedic Aggregate Ye		1
Full Name (Last, First, Middle Initial) E. Bruce Bynum, DO Mailing Address 4292 SW Agate A	Ave		Date of Receipt
City Corvallis FEC ID number of contributing federal political committee.	State OR	Zip Code 97333-1178	Transaction ID: ADA826A948C4A434DBA Amount of Each Receipt this Period 1000.00
Name of Employer The Corvallis Clinic Pc	Occupation Orthopaedic		
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1000.00	
			2250.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A 0	NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pene name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Robert Brick Campbell, MD Mailing Address 1356 Five Pt Rd City Virginia Beach FEC ID number of contributing federal political committee. Name of Employer VA Inst for Sports Medicine Receipt For: Primary General Other (specify)	State Zip Code VA 23454-1931 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 2 8 2 0 1 0 Transaction ID: A9F1F56CEF9334A1FAEC Amount of Each Receipt this Period 500.00
В.	Full Name (Last, First, Middle Initial) Joseph B. Chalal, MD Mailing Address 31 Anna St City Ocean Ridge FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code FL 33435-5201 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 375.00	Date of Receipt M M M
 C.	Full Name (Last, First, Middle Initial) Timothy Burt Dixon, MD Mailing Address 12165 E. Makohoh T City Tucson FEC ID number of contributing federal political committee. Name of Employer Southern Arizona Orthopedics Receipt For: Primary General Other (specify)	State Zip Code AZ 85749-8179 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y 1 0 Z 8 Z 0 1 0 Transaction ID: A0F5FD6EA57354AF1941 Amount of Each Receipt this Period 500.00
,	SUBTOTAL of Receipts This Page (optional)		1125.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	f	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Am			
A .	Full Name (Last, First, Middle Initial) John W. Durham, MD Mailing Address 512 W. Fir Ave City Flagstaff FEC ID number of contributing federal political committee. Name of Employer Northern Arizona Orthopaedics Receipt For: Primary General Other (specify)	State AZ C Occupation Orthopaedic Aggregate Yea		Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: ACD83BAB7EC9B40E6B0 Amount of Each Receipt this Period 1000.00
В.	Full Name (Last, First, Middle Initial) Robert Howard Fields, MD Mailing Address 7301 Med Ctr Dr Suir City West Hills FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State CA C Occupation Orthopaedic Aggregate Yea		Date of Receipt M M M / D D / Y Y Y Y Y 1 0
С.	Full Name (Last, First, Middle Initial) Richard D. Goldner, MD Mailing Address 39 Wilhelm Dr City Durham FEC ID number of contributing federal political committee. Name of Employer Duke Medical Center Receipt For: Primary General Other (specify)	State NC C Occupation Orthopaedic Aggregate Yea		Date of Receipt M M M / D D N 2 8 2 0 1 0 Transaction ID: A187B6F35B5E64412BA6 Amount of Each Receipt this Period 250.00
	SUBTOTAL of Receipts This Page (optional)			1500.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary P	the (crieck drilly drie)
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by g the name and address of any political con	any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Zaki George Ibrahim, MD Mailing Address 5380 Autumn Dr City Greenwood Village FEC ID number of contributing federal political committee. Name of Employer South Denver Spine PC Receipt For: Primary General Other (specify)	State Zip Code CO 80111-3424 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 750	Date of Receipt M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Theron Jameson, DO Mailing Address 12 Cascade Ter City Burlington FEC ID number of contributing federal political committee. Name of Employer Great River Medical Center Receipt For: Primary General Other (specify)	State Zip Code IA 52601-6516 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Stephen L. Knecht, MD Mailing Address 3810 N. Colton Ra City Flagstaff FEC ID number of contributing federal political committee. Name of Employer Northern Arizona Orthopaedics Receipt For: Primary General Other (specify)	nch Rd State Zip Code AZ 86001-9346 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (option	al)	3750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		()	Use separate schedule(s) for each category of the	FOR LINE N (check only o	-	PAGE 20 / 67
		Detailed Summary Page	X 11a	11b	11c 12	
Any inf	formation copied from such Reports are commercial purposes, other than using	nd Statements may	 y not be sold or used by any perso dress of any political committee to	n for the purpo	14 se of solicit	15 16 17 ing contributions
	ME OF COMMITTEE (In Full)	the name and date	dress of any political committee to	Johott Corttribu		don committee.
\	litical Action Committee of the A	merican Associ	iation of Orthopaedic Surgeo	ons		
	Name (Last, First, Middle Initial) bb Nels Larsen, MD			Date of F	Receipt	
Mai	iling Address 2993 Blacktail Dr			1 0	28	2010
City	/	State	Zip Code	Transact	ion ID: AD	E1194F295A84B88A9
<u>Eu</u>	gene	OR	97405-6276	Amount of	of Each Re	ceipt this Period
	C ID number of contributing eral political committee.	C				250.00
Nar Ore	me of Employer egon Medical Group	Occupation Orthopae	n edic Surgeon			
Rec	ceipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	250.00			
	Name (Last, First, Middle Initial)			Date of F	leceipt	
	iling Address 19315 Tanala Dr			1 0		2010
City	/	State	Zip Code	Transact	ion ID: AD	C0181CC917D4CC2/
<u>Bro</u>	ookfield	WI	53045-4843	Amount of	of Each Re	ceipt this Period
	C ID number of contributing eral political committee.	C				500.00
Nar Med	ne of Employer dical College Wisconsin	Occupation Orthopae	n edic Surgeon			
Rec	ceipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	500.00			
	I Name (Last, First, Middle Initial)			Date of F	Receipt	
Mai	ling Address 2545 W. Hammer I	_n		1 0	/ D D D 28	2010
City		State	Zip Code	Transact		8049CBFD0834882BI
<u>Stc</u>	ockton	CA	95209-2839	Amount o	of Each Re	ceipt this Period
	C ID number of contributing eral political committee.	C				250.00
Nar Go	ne of Employer uld Medical Foundation	Occupation Orthopae	n edic Surgeon			
Rec	ceipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	500.00			
						1000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persign the name and address of any political committee to the committee of the	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Michael Dennis Maloney, MD Mailing Address 601 Elmwood Ave City Rochester FEC ID number of contributing federal political committee. Name of Employer Univ Of Rochester Medical Cent Receipt For: Primary General Other (specify)		Date of Receipt M M
Full Name (Last, First, Middle Initial) L. Jay Matchett, MD Mailing Address Central Indiana Or 3600 W Bethel Av City Muncie FEC ID number of contributing federal political committee. Name of Employer Central Indiana Orthopedics Receipt For: Primary General Other (specify)		Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Christopher S. Mow, MD Mailing Address 1660 San Pablo A City Pinole FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	ve Suite A State Zip Code CA 94564-2072 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 375.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (option	nal)	875.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and s r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame			
A .	Full Name (Last, First, Middle Initial) Brian D. Mulliken, MD Mailing Address 8322 Bellona Ave Sui City Towson FEC ID number of contributing federal political committee. Name of Employer Self Employed	State MD C	Zip Code 21204-2065	Date of Receipt M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
— В.	Full Name (Last, First, Middle Initial) Matthew David Olin, MD Mailing Address 2 Dunaway Ct			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Greensboro FEC ID number of contributing federal political committee.	State NC	Zip Code 27408-3801	Transaction ID: A3D88A9A1B73640E1A9 Amount of Each Receipt this Period 1000.00
	Name of Employer Greensboro Orthopaedic Ce- nter, Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		edic Surgeon e Year-to-Date ▼ 1000.00]
_).	Full Name (Last, First, Middle Initial) Robert Louis Pierron, MD Mailing Address 6005 W. 124th Terrac	e e		Date of Receipt 10 28 2010
	City Overland Park FEC ID number of contributing	State KS	Zip Code 66209-2779	Transaction ID: A1CA3431809AB48F0BF Amount of Each Receipt this Period
	rederal political committee. Name of Employer College Park Family Care	Occupation Orthopae	n edic Surgeon	1000.00
	Receipt For: Primary General Other (specify) ▼	, '	e Year-to-Date ▼ 1000.00	
[;	SUBTOTAL of Receipts This Page (optional) .			2250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any pe the name and address of any political committee American Association of Orthopaedic Surg	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Harry E. Rubash, MD Mailing Address Harvard AffI Hospit 55 Fruit St Yaw 37 City Boston FEC ID number of contributing federal political committee. Name of Employer Massachusetts General Hospital Receipt For: Primary General Other (specify)	tals	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Fred M. Ruefer, MD Mailing Address 209 S. 36th St City Muskogee FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code OK 74401-5043 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Edward H. Saer, Ill, MD Mailing Address 500 S. University A Doctor's Bldg City Little Rock FEC ID number of contributing federal political committee. Name of Employer Arkansas Specialty Spine Center Receipt For: Primary General Other (specify) Government of Initial Primary General Other (specify)	State Zip Code AR 72205-5310 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 750.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (options	al)	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 67 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	Statements may not be sold or used by any perse name and address of any political committee to erican Association of Orthopaedic Surgeo	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Steve G. Salyers, MD Mailing Address 1060 Rossview Rd City Clarksville FEC ID number of contributing federal political committee. Name of Employer Premier Orthopaedics Receipt For: Primary General Other (specify)	State Zip Code TN 37043-1908 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Andrew H. Schmidt, MD Mailing Address 3630 Rosewood Ln City Plymouth FEC ID number of contributing federal political committee. Name of Employer Hennepin Faculty Associates Receipt For: Primary General Other (specify)	State Zip Code MN 55441-1126 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Jack R. Steel, MD Mailing Address 2828 1st Ave Suite 40 City Huntington FEC ID number of contributing federal political committee. Name of Employer Scott Orthopedic Center Receipt For: Primary General Other (specify)	State Zip Code WV 25702-1236 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 375.00	Date of Receipt M M M / D B / Y Y Y Y Y Transaction ID: A7408FCC027654B1082 Amount of Each Receipt this Period 125.00
SUBTOTAL of Receipts This Page (optional) .		1125.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persible name and address of any political committee the name and Association of Orthopaedic Surge	
Full Name (Last, First, Middle Initial) Susan E. Stephens, MD Mailing Address 1776 Chartley City Gates Mills FEC ID number of contributing federal political committee. Name of Employer The Institute for Spine, Inc Receipt For: Primary General Other (specify)	State Zip Code OH 44040-9725 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M Z B Z D 1 Q Transaction ID: AC94B79EDB2B44FF8A Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Andrew L. Terrono, Jr, MD Mailing Address 192 Hinckley Rd City Milton FEC ID number of contributing federal political committee. Name of Employer Hand Surgical Associates Receipt For: Primary General	State Zip Code MA 02186-2853 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) Full Name (Last, First, Middle Initial) Laura Lowe Tosi, MD Mailing Address 3729 Harrison St NV City Washington FEC ID number of contributing federal political committee.	State Zip Code DC 20015-1815	Date of Receipt 10 28 2010 Transaction ID: A61A8659529C3465798 Amount of Each Receipt this Period 1000.00
Name of Employer CNMC Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 2100.00	1750.00

	DULE A (FEC Form 3X ED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 67 (check only one) X 11a
NAME	nation copied from such Reports an mercial purposes, other than using OF COMMITTEE (In Full) cal Action Committee of the Ar			on for the purpose of soliciting contributions o solicit contributions from such committee.
A. Arnold	ame (Last, First, Middle Initial) Wilson, MD Address 75 E. Gun Hill Rd			Date of Receipt
City		State	Zip Code	1 0 2 8 2 0 1 0 Transaction ID: A843CE97A0C6E4D1
	O number of contributing political committee.	C	10467-2103	Amount of Each Receipt this Period 750.00
	of Employer n Orthopaedics	Occupation Orthopae	n edic Surgeon	
	ot For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 750.00	
B. James	ame (Last, First, Middle Initial) C. Wittig, MD Address 130 E. 18th St Apt 1	120		Date of Receipt
City New `	<u> </u>	State NY	Zip Code 10003-2423	Transaction ID: ABDF660823E0F495E Amount of Each Receipt this Period
FEC II	O number of contributing political committee.	C	10005-2425	500.00
Name Mount	of Employer Sinai Medical Center	Occupation Orthopae	n edic Surgeon	
	ot For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 1000.00	
	ame (Last, First, Middle Initial) y Francis Wright, MD			Date of Receipt
Mailing	Address 2815 W. Elk Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Dunc	an	State OK	Zip Code 73533-1517	Transaction ID: A622900533D4046F2 Amount of Each Receipt this Period
	number of contributing political committee.	C		500.00
Dunca <u>ics</u>	of Employer n Regional Orthopaed-	- 1 ' 	edic Surgeon	
	of For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOT	AL of Receipts This Page (optional)		1750.00

TOTAL This Period (last page this line number only)

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17
,	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Am			
A.	Full Name (Last, First, Middle Initial) Scott A. Meyer, MD Mailing Address 412 47th St City West Des Moines FEC ID number of contributing federal political committee. Name of Employer lowa Orthopaedic Center Receipt For: Primary General		Zip Code 50265-7101 n edic Surgeon e Year-to-Date ▼	Date of Receipt M M M
В.	Full Name (Last, First, Middle Initial) Stephen J. Burns, MD Mailing Address 1225 E. Coolspring Ave #2d City State Zip Code Michigan City IN 46360-6312			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer Health Partners Medical Group Receipt For: Primary General Other (specify) ▼		n edic Surgeon e Year-to-Date ▼	750.00
C.	Full Name (Last, First, Middle Initial) Paul B. Canale, MD Mailing Address 1503 Captain O'Neal City Daphne FEC ID number of contributing	State AL	Zip Code 36526-4451	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	federal political committee. Name of Employer Baldwin Bone and Joint Receipt For: Primary General		n edic Surgeon e Year-to-Date ▼	1000.00
	Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)		1000.00	2750.00

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any per using the name and address of any political committee the American Association of Orthopaedic Surg	
Full Name (Last, First, Middle Initia Donald A. Deinlein, MD Mailing Address 5121 Clairmo City Birmingham FEC ID number of contributing federal political committee. Name of Employer Univ Of Alabama Health Foundat Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: AC6CFD084AFF14BB097 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial Jaroslaw B. Dzwinyk, MD Mailing Address 5912 N. Kilpa City Chicago FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	,	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 0 5 2 0 1 0 Transaction ID: AE824A60782A94A3A919 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial Clyde Alan Farris, MD Mailing Address 19250 SW 65 City Tualatin FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code OR 97062-7707 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y 1 1 1 0 5 2 0 1 0 Transaction ID: A8CFCC8BC2459432B8 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (ptional)	1750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person the name and address of any political committee to the name and address of the name a	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gregory G. Gallant, MD Mailing Address 3560 Byron Dr City Doylestown FEC ID number of contributing federal political committee. Name of Employer Abington Orthopedic Specialists Receipt For: Primary General Other (specify)	State Zip Code PA 18902-6517 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M O D D O 2010 Transaction ID: A1802975BD05E448794 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Michael Lee Granberry, MD Mailing Address 3725 Calderwood City Mobile FEC ID number of contributing federal political committee. Name of Employer Alabama Orthopaedic Clinic Receipt For: Primary General Other (specify)	State Zip Code AL 36608-2003 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 0 5 2 0 1 0 Transaction ID: A801FA9A19CCB4F668F Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) R. Bruce Heppenstall, MD Mailing Address 400 Spruce Street City Philadelphia FEC ID number of contributing federal political committee. Name of Employer Univ of PA School of Medicine Receipt For: Primary General Other (specify)	State Zip Code PA 19106-4216 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (option	al)	2500.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any per g the name and address of any political committee American Association of Orthopaedic Surg	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Victor W. Hsu, MD Mailing Address 861 S. Penn Oak I City Ambler FEC ID number of contributing federal political committee. Name of Employer Abington Orthopedic Specialists Receipt For: Primary General Other (specify)	State Zip Code PA 19002-1953 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: AAA5F39D058DF4D5FB9 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Charles N. Hubbard, MD Mailing Address Georgia Orthopae 150 Clinic Ave City Carrollton FEC ID number of contributing federal political committee. Name of Employer Georgia Orthopaedic Society Receipt For: Primary General Other (specify)	State Zip Code GA 30117-4401 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 0 5 2 0 1 0 Transaction ID: AAA12F675D7E74C56AF Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Lawrence J. Iwersen, MD Mailing Address 540 Robocker Ln City Kalispell FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code MT 59901-7845 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 650.00	Date of Receipt M M
SUBTOTAL of Receipts This Page (option	al)	1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each c	arate schedule(s) category of the Summary Page FOR LINE NUMBER: PAGE 31 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the A	the name and address of any p	or used by any person for the purpose of soliciting contributions political committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Moody Kwok, MD Mailing Address 708 Presidential Description City Horsham FEC ID number of contributing federal political committee. Name of Employer Abington Orthopedic Specialists Receipt For: Primary General Other (specify)	State Zip Code PA 19044-1 C Occupation Orthopaedic Surgeo Aggregate Year-to-Date	Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Guy Alan Lee, MD Mailing Address 7024 Swagger Rd City New Hope FEC ID number of contributing federal political committee. Name of Employer Abington Orthopedic Specialists Receipt For: Primary General Other (specify)	State Zip Code PA 18938-9 C Occupation Orthopaedic Surgeo Aggregate Year-to-Date	9719 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Guy Alan Lee, MD Mailing Address 7024 Swagger Rd City New Hope FEC ID number of contributing federal political committee. Name of Employer Abington Orthopedic Specialists Receipt For: Primary General Other (specify)	State Zip Code PA 18938-9 C Occupation Orthopaedic Surgeo Aggregate Year-to-Date	Amount of Each Receipt this Period 100.00
SUBTOTAL of Receipts This Page (options	ı (li	850.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame			
A .	Full Name (Last, First, Middle Initial) David M. Lintner, MD Mailing Address 6348 Mercer City Houston FEC ID number of contributing federal political committee. Name of Employer Methodist Hospital Receipt For: Primary General Other (specify)	, ' 	Zip Code 77005-3346 dic Surgeon Year-to-Date ▼	Date of Receipt M
В.	Full Name (Last, First, Middle Initial) Jeffrey Malumed, MD Mailing Address 506 Van Lears Run City Villanova FEC ID number of contributing federal political committee. Name of Employer Premier Orthopedics Receipt For: Primary General Other (specify)		Zip Code 19085-1023 dic Surgeon Year-to-Date ▼ 450.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 0 5 2 0 1 0 Transaction ID: AAF075476544C496391F Amount of Each Receipt this Period 100.00
_ C.	Full Name (Last, First, Middle Initial) Daniel Thompson McGuire, MD Mailing Address 71 Dunton Circle City Hampden FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)		Zip Code 04444-1049 dic Surgeon Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y 1 1 1 0 5 2 0 1 0 Transaction ID: AE7EF874C16F14177800 Amount of Each Receipt this Period 500.00
	SUBTOTAL of Receipts This Page (optional) .]	1100.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee. American Association of Orthopaedic Surge	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Frederick N. Meyer, MD Mailing Address 6505 Sugar Point City Mobile FEC ID number of contributing federal political committee. Name of Employer University of South Alabama Receipt For: Primary General Other (specify)		Date of Receipt M M M
Full Name (Last, First, Middle Initial) T. J. Rasmussen, MD Mailing Address 26765 W. 103rd S City Olathe FEC ID number of contributing federal political committee. Name of Employer Ortho & Sports Med Consultants	State Zip Code KS 66061-7443 C Occupation Orthopaedic Surgeon	Date of Receipt M M M
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Audrey K. Tsao, MD Mailing Address 325 N. Cloverfield City	Aggregate Year-to-Date ▼ 3500.00 I Circle State Zip Code	Date of Receipt M M D D Y Y Y Y 1 1
Litchfield Park FEC ID number of contributing federal political committee. Name of Employer Sun Valley Orthopaedic Surgeon Receipt For: Primary General Other (specify)	AZ 85340-6017 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 625.00	Amount of Each Receipt this Period 375.00
	nal)	2875.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Am	ne name and addr	ress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gerald R. Williams, Jr, MD Mailing Address 859 Lesley Rd City Villanova FEC ID number of contributing federal political committee. Name of Employer The Rothman Institute Receipt For: Primary General Other (specify)		Zip Code 19085-1117 dic Surgeon Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
B. Full Name (Last, First, Middle Initial) Mark R. Wilson, MD Mailing Address 9825 Finnegan Dr City Brighton FEC ID number of contributing federal political committee. Name of Employer Community Orthopedics Receipt For: Primary General Other (specify) ▼	_ ' ' ' ' '	Zip Code 48116-6240 dic Surgeon Year-to-Date ▼	Date of Receipt M M M / D D D / Y Y Y Y Y 1 1 1
Full Name (Last, First, Middle Initial) Russell E. Windsor, MD Mailing Address 535 E. 70th St City New York FEC ID number of contributing federal political committee. Name of Employer Hospital for Special Surgery Receipt For: Primary General Other (specify)		Zip Code 10021-4823 dic Surgeon Year-to-Date ▼	Date of Receipt M M M O D D O D O D O D O D O D O D O D
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			3500.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 67 (check only one) X 11a
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Am			
Α.	Full Name (Last, First, Middle Initial) Adam Soyer, MD Mailing Address 184 Albany Avenue City Kingston FEC ID number of contributing federal political committee. Name of Employer NYU/ Hosp for Joint Diseases Receipt For: Primary General Other (specify)	- '	Zip Code 12401-2530 In dic Surgeon e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Brett R. Bolhofner, MD Mailing Address 4600 4th St N. City Saint Petersburg FEC ID number of contributing federal political committee. Name of Employer All Florida Orthopaedic Associates Receipt For: Primary General Other (specify)	- '	Zip Code 33703-3802 n edic Surgeon e Year-to-Date ▼ 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 9 2 0 1 0 Transaction ID: A3C67CFB51C5C48B8AC4 Amount of Each Receipt this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Richard G. Buch, MD Mailing Address 11225 Russwood Circ City Dallas FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State TX C Occupation Orthopae	Zip Code 75229-4326 n edic Surgeon e Year-to-Date ▼ 750.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 9 2 0 1 0 Transaction ID: AEA3845332992422A808 Amount of Each Receipt this Period 750.00
	SUBTOTAL of Receipts This Page (optional)			2000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame			
Α.	Full Name (Last, First, Middle Initial) Frank Capecci, MD Mailing Address Morris County Orthop 109 Us Hwy 46 City Denville FEC ID number of contributing federal political committee. Name of Employer Morris County Orthopedics Receipt For: Primary General Other (specify)	State NJ C Occupatio Orthopae	Zip Code 07834-2776 on edic Surgeon e Year-to-Date ▼	Date of Receipt M M M
-В.	Full Name (Last, First, Middle Initial) George Cierny, III, MD Mailing Address 2103 Murcia Ct City La Jolla FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)		Zip Code 92037-6942 on edic Surgeon e Year-to-Date ▼ 500.00	Date of Receipt M M M
c .	Full Name (Last, First, Middle Initial) Doreen DiPasquale, MD Mailing Address 2103 Murcia Ct City La Jolla FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)		Zip Code 92037-6942 on edic Surgeon e Year-to-Date ▼ 500.00	Date of Receipt M M M
	SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line number			2000.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) Political Action Committee of the Am			
Α.	Full Name (Last, First, Middle Initial) Edward V. Fehringer, MD Mailing Address 981080 Nebraska Me City Omaha FEC ID number of contributing	State NE	Zip Code 68198-1080	Date of Receipt M M
	federal political committee. Name of Employer Nebraska Medical Center Receipt For: Primary General Other (specify)		n edic Surgeon e Year-to-Date ▼	250.00
В.	Full Name (Last, First, Middle Initial) John Keith Frazier, MD Mailing Address 3191 Stanwood Ln City	State	Zip Code	Date of Receipt M M 1 9 2 0 1 0
	Lafayette FEC ID number of contributing federal political committee. Name of Employer Webster Orthopaedic Med Group Receipt For: Primary General Other (specify) ▼		94549-4121 nn edic Surgeon e Year-to-Date 500.00	Amount of Each Receipt this Period 250.00
С.	Full Name (Last, First, Middle Initial) Paul E. Havel, MD Mailing Address 15931 York Circle N City Ramsey	N State	Zip Code 55303-3891	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer	C		500.00
	Allina Receipt For: Primary General Other (specify) ▼	Orthopae	edic Surgeon e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)		I	1000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 67 (check only one) X
	Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) Political Action Committee of the An			
∠ A .	Full Name (Last, First, Middle Initial) John Marshall Knight, MD Mailing Address 2405 Shadelands Dr P.O. Box 31396			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City Wolnut Crook	State CA	Zip Code	Transaction ID: A0CE957D0E2F34F85B9
	Walnut Creek FEC ID number of contributing federal political committee.	CA	94598-5905	Amount of Each Receipt this Period 250.00
	Name of Employer Muir Orthopaedic Specialists Receipt For: Primary General Other (specify) ▼	_ 	edic Surgeon • Year-to-Date ▼ 250.00	7
– В.	Full Name (Last, First, Middle Initial) Marvin R. Leventhal, MD Mailing Address 4418 Normandy	0 0		Date of Receipt
	City	State	Zip Code	1 1 1 9 2 0 1 0 Transaction ID: A86ED3620BD65476C8C
	Memphis	TN	38117-2424	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Memphis Orthopedic Group	Occupatio	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
С.	Full Name (Last, First, Middle Initial) Kent Jason Lowry, MD Mailing Address 3746 N. Faust Lake	Bd		Date of Receipt
				11 19 2010
	City Rhinelander	State WI	Zip Code 54501-9311	Transaction ID: A1FDAF55D1A8F43F0B4 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Northland Orthopaedics	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)			1250.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	m 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Regor for commercial purposes, other that NAME OF COMMITTEE (In Full) Political Action Committee of			on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initia John David Ramsay, MD Mailing Address 47531 201st City White FEC ID number of contributing federal political committee. Name of Employer Avera Brookings Medical Clinic Receipt For: Primary Other (specify)	State SD C Occupation Orthopae	Zip Code 57276-5325 n edic Surgeon Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial Kevin G. Shea, MD Mailing Address 4620 N. Bant City Boise FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State ID C Occupation Orthopae	Zip Code 83702-1863 n edic Surgeon 9 Year-to-Date ▼ 2000.00	Date of Receipt M M M / D D D / Y Y Y Y Y 1 1 1 9 2 0 1 0 Transaction ID: AD37A0AA2BE8240D8ABE Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial Craig R. Springmeyer, MD Mailing Address 2905 North For City Shreveport FEC ID number of contributing federal political committee. Name of Employer Highland Clinic Receipt For: Primary General Other (specify)	ointe Dr State LA C Occupation Orthopae	Zip Code 71106-8420 n edic Surgeon Year-to-Date ▼	Date of Receipt M M M 19 2010 Transaction ID: AF75B143C60BC4FCEA4A Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page)	1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any pers he name and address of any political committee t nerican Association of Orthopaedic Surge	
Full Name (Last, First, Middle Initial) Jay G. Stein, MD Mailing Address 209 NE 95th St Suite City Miami Shores FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	State Zip Code FL 33138-2745 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date	Date of Receipt M M / D D / Y Y Y Y Y 1 1 1 9 2 0 1 0 Transaction ID: A95D1FED8CF7B4D029 Amount of Each Receipt this Period 250.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Susan E. Stephens, MD Mailing Address 1776 Chartley City Gates Mills FEC ID number of contributing federal political committee.	250.00 State Zip Code OH 44040-9725 C	Date of Receipt M M M
Name of Employer The Institute for Spine, Inc Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial)	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 750.00	Date of Pagaint
James L. Telfer, MD Mailing Address 5315 Elliot Dr Suite 2 City Ypsilanti FEC ID number of contributing federal political committee.	State Zip Code MI 48197-8634	Date of Receipt 1 1 9 2 0 1 0 Transaction ID: AF14B773BBADE40058 Amount of Each Receipt this Period 250.00
Name of Employer Community Orthopedic Surgery Receipt For: Primary Other (specify) Other (specify)	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 67 (check only one) X
Any information copied from such Reports and Si or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Political Action Committee of the Amer	rican Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Milton A. Wallace, MD Mailing Address 6144 Airport Blvd		Date of Receipt 1 1 1 9 2 0 1 0
City Mobile	State Zip Code AL 36608-3143	Transaction ID: A91AEF9F566E34EF5AA5 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer The Orthopaedic Group	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	1

		1000.00
SUBTOTAL of Receipts This Page (optional)		1000.00
TOTAL This Period (last page this line number only)	•	61550.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 67 (check only one) 11a 11b 11c 12 13 14 X 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	rican Assoc	iation of Orthopaedic Surgeon	ns
Α.	Full Name (Last, First, Middle Initial) American Association of Orthopaedic Surgeons			Date of Receipt
	Mailing Address 317 Massachusetts Av 1st Floor	enue, NE		10 15 2010
	City	State	Zip Code	Transaction ID: A4453A7856CC2451F8A3
	Washington	DC	20002	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2977.86
	Name of Employer	Occupatio	n	Refund of bank fees from affiliated organization
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5526.94	
В.	Full Name (Last, First, Middle Initial) American Association of Orthopaedic Surgeons			Date of Receipt
	Mailing Address 317 Massachusetts Av 1st Floor	enue, NE		11 22 2010
	City	State	Zip Code	Transaction ID: A5BE50F7FA74A46D88BD
	Washington	DC	20002	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		663.93 Refund of bank fees from
	Name of Employer	Occupatio	n	affiliated organization
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 6190.87	

		26/1.70
SUBTOTAL of Receipts This Page (optional)	•	3641.79
TOTAL This Period (last page this line number only)	•	3641.79

	CHEDULE B (FEC Form 3X)	Use separate scriedule(s)			LINE NUMBER: PAGE			AGE 43/	3 / 67		
ΙT	EMIZED DISBURSEMENTS		category of the Summary Page		X 21b 27	22 28a	23 28b	24 28c	25 29	\sqcup	26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name										
\rangle	NAME OF COMMITTEE (In Full) Political Action Committee of the American										
_	Full Name (Last, First, Middle Initial)										_
	Aristotle International, Inc						Disburs		B604C5I		E
	Mailing Address 205 Pennsylvania Ave S	E				10			201		
	City Washington	State DC	Zip Code 20003			Amour	t of Eacl	n Disburse	ement this	Period	_
	Purpose of Disbursement				-	- L.			101.0	0	
	Credit card processing fees Candidate Name				ategory/ Type						
	Senate President	ement For: Primary Other (spe	General ecify)	I							
	State: District: Full Name (Last, First, Middle Initial)							Door	D.O.O.E.E.		_
	Aristotle International, Inc						iction ID Disburs		DCC2EE	92C45)2
	Mailing Address 205 Pennsylvania Ave S	E				10 M	/ D	15 /	^Y 201	0 ^Y	
	,	State DC	Zip Code 20003			Amour	t of Eacl	n Disburse	ement this	Period	_
	Purpose of Disbursement				•	L.			5.0	0	_
	Credit card processing fees Candidate Name				ategory/ Type						
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General ecify) ▼	!							
	Full Name (Last, First, Middle Initial)					Tranca	etion ID	• B5/6	37081AF	6D/16	
	Aristotle International, Inc						Disburs				,,,
	Mailing Address 205 Pennsylvania Ave S	E				10	/ D	22	ž01	0 ^Y	
	•	State DC	Zip Code 20003			Amour	t of Each	n Disburse	ement this	Period	
	Washington Purpose of Disbursement Credit card processing fees	ВС	20003		•				80.0	0	
	Candidate Name				ategory/ Type						
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General ecify) ▼								
_	1							•	100.0	•	7
S	UBTOTAL of Disbursements This Page (optional)				>				186.0	Ų	<u> </u>
_	OTAL This Period (last page this line number only)										Т

	B (FEC Form 3)	y Use se	parate schedule(s)	(s) FOR LINE NUMBER: PAGE (check only one)		iE 44 /	67					
TEMIZED D	ISBURSEMENT		h category of the d d Summary Page	X		22 28a	23 28b		24 28c	25 29		26 30k
	ied from such Reports ar urposes, other than using											
NAME OF CON	MITTEE (In Full)											
\	n Committee of the A	merican Associa	ation of Orthopae	edic S	urgeon	s						
	, First, Middle Initial)						ction ID			6521F	704	4F2
Aristotle Inter	national, inc					Date of	Disburs		t /	V V	V	
Mailing Address	205 Pennsylvania	a Ave SE				1"0 "		2 9	Ľ	ž 0 1	0	
City Washington		State DC	Zip Code 20003			Amoun	t of Eacl	n Disb	ursem	ent this	Perio	od .
Purpose of Disb Credit card prod										40.0	0	
Candidate Name	Э			Cate Typ								
Office Sought:	House Senate President	Disbursement For: Primary Other (s)	General pecify) ▼									
State:	District:		•									
Full Name (Last, First, Middle Initial) Aristotle International, Inc							ction ID			CE114	1514	2F0
Mailing Address			м м 1 1	/ D	0 5	/ Y	ž 0 ĭ	0 ^Y				
Oit.		Chaha	7:- O-d-			A	(🗖)	- D:-I-			D	
City Washington		State DC	Zip Code 20003			Amoun	t of Eacl	1 DISD	ursem	ent this	Perio	М
Purpose of Disb				-	-					42.0	0	
Credit card prod												
Candidate Name	9			Cate Typ								
Office Sought:	House Senate President	Disbursement For: Primary Other (s	General pecify) ▼									
State:	District:											
Full Name (Last Northern Trus	, First, Middle Initial) st Company					Transa Date of	ction ID Disburs	: B5 emen	8FAD	2AAA	5D4	4BE
Mailing Address				1 1	/ D	0 5	Y	ž o ĭ	0			
City Chicago		State IL	Zip Code 60675			Amoun	t of Eacl	n Disb	ursem	ent this	Perio	od .
Purpose of Disb	oursement cted from account			,	-	<u> </u>				228.5	4	
Candidate Name	9			Cate								
Office Sought:	House Senate President	Disbursement For: Primary Other (s)	General pecify) ▼	. 11	- -							
State:	District:		· · · · · ·									
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: (check only one)	PAGE 45 / 67 23
	Detailed Summary Page	27 28a	28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
Political Action Committee of the American	Association of Orthopaed	ic Surgeons	
Full Name (Last, First, Middle Initial)		Transaction	on ID: B7A590F08A9EA4D6C8C
Northern Trust Company		Date of Di	sbursement
Mailing Address 50 S. LaSalle St.		111	$\begin{bmatrix} 0 & 5 & 7 & 2 & 0 & 1 & 0 \end{bmatrix}$
•	State Zip Code IL 60675	Amount of	Each Disbursement this Period
Purpose of Disbursement Bank fees deducted from account			313.39
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		
State: District:	Other (Specify)		

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	313.39
TOTAL This Period (last page this line number only)	•	809.93

U. IT	FMIZED DICTURE MENTS	Use separate s			heck or	ily one)			L	1 /\aL	46 /	07
	EMIZED DISBURSEMENTS	for each catego Detailed Summ			21b 27	22 28a	X 2	3 8b	24	_	25 29	26 30b
	y Information copied from such Reports and State for commercial purposes, other than using the nar				person	for the p	urpose	of soli	citing	contri	butions	
_	NAME OF COMMITTEE (In Full)		7									
\rangle	Political Action Committee of the America	n Association of	Orthopaed	ic S	urgeor	ns						
<u>' </u>	Full Name (Last, First, Middle Initial)					Tran	saction	ı ID:	B24	3546	20784	
	Castle Campaign Fund						of Disk					
	Mailing Address PO Box 133					1 0	M /	1 4	1 /	¥ 2	ž 0 ž () Y
	City Wilmington	State Zip of DE 198	Code 399			Amo	unt of E	ach D	isbu	rsemer	nt this I	Period
	Purpose of Disbursement VOID - 2010 Primary Election Contribution	<u> </u>	 		•					-50	00.00	
	Candidate Name Rep. Mike Castle			Cateo Typ								
	Office Sought: X House Disburs	ement For: (Primary Other (specify)	2010 General	' У								
	Full Name (Last, First, Middle Initial) Committee for the Preservation of Capita	ism					saction of Disk			DDD	8CCE	DFE47[
	Mailing Address P.O. Box 65314					1 ^M 0	M /	1 4	1 /	YZ	ž o ž () Y
	City Washington	State Zip of DC 200	Code			Amo	unt of E	ach D	isbu	rsemer	nt this I	Period
	Purpose of Disbursement Contribution to Boustany Leadership PAC	200		-	-					50	00.00)
	Candidate Name			Cateo Typ								
	Senate	Primary Other (specify)	2010 General	. 71								
	Full Name (Last, First, Middle Initial) Djou for Hawaii						saction of Disk			\4638	F021	8C4CB4
	Mailing Address P.O.Box 235280					1 ^M 0	M /	1 4	1 /	Y 2	ž o ž () Y
	City Honolulu	State Zip 6	Code 323			Amo	unt of E	ach D	isbu	rsemer	nt this I	Period
	Purpose of Disbursement			U	•	T L.				30	00.00)
	Candidate Name Charles Djou			Cate Typ								
	Senate President		2010 General									
	State: HI District: 01											
	UBTOTAL of Disbursements This Page (optional)				•					30	00.00)

В.

C.

CHEDULE B (FEC Form 3X)	Use separate schedul	Δ(C) -	E NUMBER:	PAGE 47 / 67
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Pa	ne Cineck of	nly one) 22 X 23 28a 28b	24 25 26 28c 29 30b
ny Information copied from such Reports and State r for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)	The and address of any poil	ilicai committee to s	SOIICIT CONTINUUTIONS ITO	in such committee
Political Action Committee of the America	an Association of Ortho	opaedic Surgeor	าร	
Full Name (Last, First, Middle Initial) Friends of Dave Reichert			Transaction ID: Date of Disburse	B5ED039A7954A4BFE
Mailing Address P. O. Box 53322			10 M / D 1	$\begin{bmatrix} 0 \\ 4 \end{bmatrix}$ $\begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$
City Bellevue	State Zip Code WA 98015		Amount of Each	Disbursement this Period
Purpose of Disbursement				2000.00
Candidate Name Rep. Dave G. Reichert		Category/ Type		
Office Sought: X House Disburing Senate President State: WA District: 08	sement For: 2010 Primary X Gene Other (specify)	eral		
Full Name (Last, First, Middle Initial) Grassroots Organizing Acting and Leadir			Transaction ID: Date of Disburse	B94B1D86775FD4971E
			M M / D	4 2010
Mailing Address PO Box 30344				
City Bethesda	State Zip Code MD 20824		Amount of Each	Disbursement this Period
Purpose of Disbursement Contribution to Levin Leadership PAC				5000.00
Candidate Name		Category/ Type		
Senate	sement For: 2010 Primary Gene X Other (specify)	eral		
State: District: Other)			
Full Name (Last, First, Middle Initial) Ike Skelton for Congress Committee			Date of Disburse	
Mailing Address PO Box A			10 1	4 2010
City Harrisonville	State Zip Code MO 64701		Amount of Each	Disbursement this Period
Purpose of Disbursement		v v		2500.00
Candidate Name Rep. Ike Skelton		Category/ Type		
Senate President	sement For: 2010 Primary X Gene Other (specify) ▼	eral		
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Jim Gerlach for Congress Committee						Disburs			,, 000,	, .,	.0.
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Rep. Jim W. Gerlach			Type								
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Senate	Primary X Gener	al									
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King For Congress						Disburs		nt	, , , , , ,	· V	
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Rep. Steve A. King			Type	-							
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State: IA District: 05											
Full Name (Last, First, Middle Initial) Lee Terry for Congress						ction ID			505027	7440	7B9
Lee reny for congress					M M		D	111. / Y	YY	Y	
Mailing Address P.O. Box 540098					1 0		1 4		2 0 1	0	
City Omaha	State Zip Code NE 68154				Amour	t of Eacl	า Dis	bursen	nent this	Perio	d
Purpose of Disbursement		Тг			<u> </u>				4000.0	0	\Box
Candidate Name		$\dashv \vdash_{\Box}$	atego	irv/							
Rep. Lee Terry			Type	•							
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\	NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Association of Orthop	aedio	Surgeons	;
	Full Name (Last, First, Middle Initial) Lungren for Congress				Transaction ID: B83ECE74B42B8463F Date of Disbursement
	Mailing Address 9321 Silverbend L	ane			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 4 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
	City Elk Grove	State Zip Code CA 95624			Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Name				3000.00
	Rep. Dan Lungren	Disbursement For: 2010		ategory/ Type	
	Senate President State: CA District: 03	Primary X General Other (specify) ▼			
	Full Name (Last, First, Middle Initial) Mike McIntyre for Congress				Transaction ID: B12585832DFFA463F Date of Disbursement
	Mailing Address P.O. Box 1				$\begin{bmatrix}\begin{smallmatrix}M&M\\1&0\end{smallmatrix}\end{bmatrix}^{M} \begin{bmatrix}\begin{smallmatrix}D&1&2\\1&4\end{smallmatrix}\end{bmatrix}^{M} \begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y\\2&0&1&0\end{smallmatrix}\end{bmatrix}^{Y}$
	City Lumberton	State Zip Code NC 28359			Amount of Each Disbursement this Period
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	Candidate Name Rep. Mike McIntyre			ategory/ Type	
	Office Sought: X House Senate President State: NC District: 07	Disbursement For: 2010 Primary X General Other (specify) ▼			
	Full Name (Last, First, Middle Initial) Minnick for Congress				Transaction ID: B9232F1B43AE34A6E
	Mailing Address PO Box 636				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 4 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
	City Annandale	State Zip Code VA 22003			Amount of Each Disbursement this Period
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	Candidate Name Rep. Walt Minnick			ategory/ Type	
	Office Sought: X House Senate President State: ID District: 01	Disbursement For: 2010 Primary X General Other (specify) ▼			
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Folitical Action Committee of the Americal	ASSOCIATION OF OTTHOPAEC	iic Surgeons	•
Full Name (Last, First, Middle Initial)			Transaction ID: B4F43DBD90175459D
Minnick for Congress			Date of Disbursement
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	VA 22003		5000.00
Purpose of Disbursement			3000.00
Candidate Name Rep. Walt Minnick	L	Category/ Type	
Office Sought: X House Disburse	ment For: 2010	71	
Senate	Primary X General		
President	Other (specify)		
State: ID District: 01 Full Name (Last, First, Middle Initial)			
Nancy Pelosi For Congress			Transaction ID: B1DD8FAB213714F12 Date of Disbursement
-			M M / D D / Y Y Y Y
Mailing Address 607 14th Street, Nw Suite 800			10 14 2010
City Washington	State Zip Code DC 20005		Amount of Each Disbursement this Period
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Candidate Name Rep. Nancy Pelosi		Category/ Type	
Office Sought: X House Senate President State: CA District: 08	ment For: 2010 Primary X General Other (specify) ▼		
Full Name (Last, First, Middle Initial)			- " ID DDEDE AGEEDOZA (D
Pat Toomey for Senate Committee			Transaction ID: BBFDEA8EEB67A4B7 Date of Disbursement
Mailing Address 2720 Jordan Road			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
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Candidate Name Patrick J Toomey	1	Category/ Type	
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	y Information copied from such Reports and State or commercial purposes, other than using the na											
\setminus	NAME OF COMMITTEE (In Full)											
	Political Action Committee of the Americ	an Association of Orthop	aedic	Surgeo	ns							
	Full Name (Last, First, Middle Initial)						ction II			34621	5D54	4F0D
	Paul Gosar for Congress					Date of	f Disbur		nt / Y	, Y	ΥΥΥ	1
	Mailing Address 2222 E. Cedar Ave					1 0	J L	14	L	2 0	10°	
	City Flagstaff	State Zip Code AZ 86004				Amour	t of Eac	h Dis	burse	ment t	nis Pei	riod
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	Full Name (Last, First, Middle Initial) Raj Goyle for Congress, Inc.						ction II Disbur			2ED60	C2910	C42D
	Mailing Address P.O. Box 780971					10	/ D	1 ^D	/ Y	ž 0	1 0 °	
	City Wichita	State Zip Code KS 67278				Amour	t of Eac	h Dis	burse	ment t	nis Pei	riod
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	Full Name (Last, First, Middle Initial) Ranger PAC					Date of	ction II Disbur	seme				24E45
	Mailing Address 700 12th St NW Suite 700					10) / D	14	′ L	ž 0	10°	
	City Washington	State Zip Code DC 20005				Amour	t of Eac	h Dis	burse	ment t	nis Pei	riod
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	Full Name (Last, First, Middle Initial)							_	E72DEA4	IDF0
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	Mailing Address 701 8th Street, NW, Su	ite #500				10	14		2010	
	City Washington	State DC	Zip Code 20001			Amount	of Each D		nt this Period	d
	Purpose of Disbursement Contribution to Coalition PAC							50	00.00	
	Candidate Name			Categ						
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	Full Name (Last, First, Middle Initial) We the People PAC						ction ID: Disbursem		D692CAD4	46CE
	Mailing Address P.O. Box 2232					10	14) / Y	2010°	
	City Jenkintown	State PA	Zip Code 19046			Amount	of Each D	isburseme	nt this Period	d
	Purpose of Disbursement Contribution to Allyson Schwartz's Leadership P.		19040	0				50	00.00	
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	Senate	sement For: Primary Other (spe	2010 General cify)	.) }						
	Full Name (Last, First, Middle Initial) Westmoreland for Congress						ction ID: Disbursem		B0701443	9B8
	Mailing Address P.O. Box 458					10	14) / Y	2010	
	City Sharpsburg	State GA	Zip Code 30277			Amount	of Each D	isburseme	nt this Period	d
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	Candidate Name Rep. Lynn A. Westmoreland			Cateo						
	Office Sought: X House Senate President State: GA District: 03	Primary Other (spe	2010 X General cify)	<u> </u>						
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<u> </u>	NAME OF COMMITTEE (In Full)	o and address of any points	ar committee	
$ \rangle$	Political Action Committee of the America	n Association of Orthop	aedic Sur	ırgeons
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	Full Name (Last, First, Middle Initial) Womack for Congress Finance Committee	е		Transaction ID: B62DB3CF8EB694A2 Date of Disbursement
	Mailing Address 314 W Walnut P.O. Box 508			10 14 2010
	City Rogers	State Zip Code AR 72757		Amount of Each Disbursement this Period
	Purpose of Disbursement	72707		5000.00
	Candidate Name		Catego	ory/
	Steve Womack		Туре	e
	Senate President	ement For: 2010 Primary X Genera Other (specify)	l	
	State: AR District: 03			
	Full Name (Last, First, Middle Initial) Women Under Forty Political Action Com	mittee(WUFPAC)		Transaction ID: B99F6F2B3D36841A Date of Disbursement
	Mailing Address 811 4th St NW Unit 120	8		M M / D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Washington	State Zip Code DC 20001		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution to Coalition PAC			5000.00
	Candidate Name		Catego Type	
	Senate President	ement For: 2010 Primary Genera Other (specify)		
	State: District: OtherC Full Name (Last, First, Middle Initial) Berkley for Congress			Transaction ID: B405E400448E34A9I
	Mailing Address 3069 Conquista Court			10 M / D 15 / Y 2010 Y
	City Las Vegas	State Zip Code NV 89121		Amount of Each Disbursement this Period
	Purpose of Disbursement	00121		5000.00
	Candidate Name Rep. Shelley Berkley		Catego Type	
	Office Sought: X House Senate President State: NV District: 01	ement For: 2010 Primary X Genera Other (specify)		
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NAME OF COMMITTEE (In Full)					
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Full Name (Last, First, Middle Initial) Bilirakis for Congress				Date of Dis	on ID: B0A19A842384F4A32 sbursement
Mailing Address P.O. Box 606				10 /	
City Tarpon Springs	State Zip Code FL 34688			Amount of	Each Disbursement this Period
Purpose of Disbursement				<u> </u>	2500.00
Candidate Name Rep. Gus Michael Bilirakis			ategory/ Type		
Office Sought: X House Senate President State: FL District: 09	sement For: 2010 Primary X Genera Other (specify)	1			
Full Name (Last, First, Middle Initial) Carnahan in Congress					on ID: B03068EEBD04946F
Mailing Address 7370 Manchester Rd S	te 20			10 /	D 1 5 Y 2 0 1 0 Y
City St. Louis	State Zip Code MO 63143			Amount of	Each Disbursement this Period
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Candidate Name Rep. Russ Carnahan			ategory/ Type		
Office Sought: X House Senate President State: MO District: 03	sement For: 2010 Primary X Genera Other (specify)				
Full Name (Last, First, Middle Initial) Chris Coons for Delaware					on ID: B50FD4E0935A94B27
Mailing Address P.O. Box 9900				10	15 / Y 2010 Y
City Newark	State Zip Code DE 19714			Amount of	Each Disbursement this Period
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Candidate Name Christopher A Coons			ategory/ Type		
Office Sought: House Disbur X Senate President State: DE District:	sement For: 2010 Primary X Genera Other (specify)	I			
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	Full Name (Last, First, Middle Initial) Citizens for Altmire				Transaction ID: BF61DE7876D564031
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	Freedom	PA 15042			2500.00
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	Candidate Name Rep. Jason Altmire			ategory/ Type	
	Office Sought: X House Senate President State: PA District: 04	ursement For: 2010 Primary X General Other (specify) ▼			
	Full Name (Last, First, Middle Initial)				Transaction ID. DODE:150.000.01.0.45.45
	Friends of Nan Hayworth				Transaction ID: B8DE1FBA8A01A454E Date of Disbursement
	Mailing Address P. O. Box 189				10 M / D D / Y 2010 Y
	City Mount Kisco	State Zip Code NY 10549			Amount of Each Disbursement this Period
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	Candidate Name Nan Hayworth			ategory/ Type	
	Office Sought: X House Senate President State: NY District: 19	ursement For: 2010 Primary X General Other (specify) ▼	•		
	Full Name (Last, First, Middle Initial) Gardner for Congress				Transaction ID: B8BF5FA87711E447A Date of Disbursement
	Mailing Address P.O. Box 2408				10 15 / Y Y Y Y Y Y
	City Loveland	State Zip Code CO 80539			Amount of Each Disbursement this Period
	Purpose of Disbursement			•	5000.00
	Candidate Name Rep. Cory Gardner			ategory/ Type	
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\rangle	Political Action	Committee of the	American As	ssociati	ion of Orthopa	edic S	urgeons					
	Full Name (Last, F	irst, Middle Initial)						Transa	action ID	: B018	CA74846	0B43E
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	Candidate Name Rep. Heath Shu	ler				Cate Typ						
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	Candidate Name Rep. Jackie Spe	eier				Cate Typ						
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State: NY District: 17 Full Name (Last, First, Middle Initial) Freedom PAC Mailing Address P.O. Box 2485 City Springfield VA 22152 Purpose of Disbursement Broun's Leadership PAC Candidate Name Other (specify) ▼ Transaction ID: B6F3E7D0549CC Date of Disbursement M M M / D 2 D / Y 2 O 1 O O O O O O O O O O O O O O O O O	Office Sought: X House	Disbursement For: 2010	71-1	-	
State: NY District: 17 Full Name (Last, First, Middle Initial) Freedom PAC Mailing Address P.O. Box 2485 City State Zip Code Springfield VA 22152 Purpose of Disbursement Broun's Leadership PAC Candidate Name Disbursement For: 2010 Category/ Type Office Sought: House Primary General X Other (specify) ▼ State: District: 0			al		
Full Name (Last, First, Middle Initial) Freedom PAC Mailing Address P.O. Box 2485 City State Zip Code Springfield VA 22152 Purpose of Disbursement Broun's Leadership PAC Candidate Name Office Sought: House Primary General President State: District: 0 Transaction ID: B6F3E7D0549CC Date of Disbursement Date of Disbursement Disbursement In		Other (specify)			
Title of Disbursement Mailing Address P.O. Box 2485 City State Zip Code Springfield VA 22152 Purpose of Disbursement Broun's Leadership PAC Candidate Name Category/ Type Office Sought: House Senate Primary General X Other (specify) ▼ State: District: 0 Date of Disbursement Mo M / D 2 D / Y 2 0 1 0 Y Amount of Each Disbursement this Period Sought Sought Sought Sought Senate Primary General X Other (specify) ▼ State: District: 0		1		Transaction ID:	: B6F3E7D0549CC425[
City State Zip Code Springfield VA 22152 Purpose of Disbursement Broun's Leadership PAC Candidate Name Disbursement For: 2010 Senate President President State: District: 0 State Zip Code VA 22152 Amount of Each Disbursement this Period Specifical Primary General X Other (specify) ▼ State: District: 0	Freedom PAC			Date of Disburse	ement
Springfield VA 22152 Purpose of Disbursement Broun's Leadership PAC Candidate Name Office Sought: House Senate Primary General X Other (specify) ▼ State: District: 0	Mailing Address P.O. Box 2485			10 2	2010
Purpose of Disbursement Broun's Leadership PAC Candidate Name Category/ Type Office Sought: House Senate Primary General President X Other (specify) ▼ State: District: 0				Amount of Each	Disbursement this Period
Candidate Name Category/ Type Office Sought: House Senate Primary General X Other (specify) ▼ State: District: 0	Purpose of Disbursement	.,,			5000.00
Office Sought: House Senate Primary General X Other (specify) ▼ State: District: 0	<u></u>				
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FEMIZED DISBURSEMENTS	Detailed Summary Page	21b 22 X 23 24 25 26 27 28a 28b 28c 29 30
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NAME OF COMMITTEE (In Full) Political Action Committee of the American	can Association of Orthopaedic Si	urgeons
Full Name (Last, First, Middle Initial) Friends of Joe Pitts		Transaction ID: B72CBE7CEFCA44AA Date of Disbursement
Mailing Address P.O. Box 775		M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Unionville	State Zip Code PA 19375	Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Name	Catego	3000.00
Rep. Joseph R. Pitts	Typursement For: 2010	
Senate President State: PA District: 16	Primary X General Other (specify) ▼	
Full Name (Last, First, Middle Initial) Friends of John Loughlin		Transaction ID: BE0B86127EA994567 Date of Disbursement
Mailing Address P.O. Box 244		10 M / D D D / Y Y Y Y Y Y
City Adamsville	State Zip Code RI 02801	Amount of Each Disbursement this Period
Purpose of Disbursement		5000.00
Candidate Name John J Loughlin, II	Category Typ	
Office Sought: X House Senate President State: RI District: 01	Primary X General Other (specify)	
Full Name (Last, First, Middle Initial) Nunnelee for Congress		Transaction ID: BD3FC0A0B306D4FF
Mailing Address 438 East Main St		M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Tupelo	State Zip Code MS 38802	Amount of Each Disbursement this Period
Purpose of Disbursement		5000.00
Candidate Name Patrick Alan Nunnelee Office Sought: X House Disbu	Category Typersement For: 2010	
Office Sought: X House Senate President State: MS District: 01	Primary X General Other (specify)	
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NAME OF COMMITTEE (In Full) Political Action Committee of the American	n Associatio	n of Orthopae	dic Surgeor	ns			
Full Name (Last, First, Middle Initial) Prosperity PAC				Date of Disburs			
Mailing Address 1006 Pendleton Street				10 2	20 / 2010		
City Alexandria		Zip Code 22314		Amount of Each	Disbursement this Period		
Purpose of Disbursement Paul Ryan Leadership PAC					5000.00		
Candidate Name			Category/ Type				
Senate	ement For: Primary Other (specif	2010 General fy) ▼					
State: District: 0 Full Name (Last, First, Middle Initial)	_				D0E0DED001000401		
Friends of Frank Guinta				Date of Disburs			
Mailing Address P.O. Box 877				10 2	22 7 2010		
City Manchester		Zip Code 03105		Amount of Each	Disbursement this Period		
Purpose of Disbursement				L	5000.00		
Candidate Name Frank Guinta			Category/ Type				
Office Sought: X House Senate President State: NH District: 01	ement For: Primary Other (specif	2010 X General fy) ▼					
Full Name (Last, First, Middle Initial) Landry for Louisiana				Transaction ID	: B7E18AAC0BA0B40Bement		
Mailing Address P.O. Box 13816				10 2	22 7 2010		
City New Iberia		Zip Code 70562		Amount of Each	Disbursement this Period		
Purpose of Disbursement			· · ·		5000.00		
Candidate Name Jeffrey M Landry			Category/ Type				
Senate President	ement For: Primary Other (specif	2010 X General fy) ▼					
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	Political Action Committee of the America	n Association of Orthopaec	dic Surgeons	
	Full Name (Last, First, Middle Initial) Walberg for Congress Mailing Address 6769 Teachout Road			Transaction ID: B6E49B0B321D045F7BDate of Disbursement
	City Tipton	State Zip Code MI 49287		Amount of Each Disbursement this Period
	Purpose of Disbursement	10207	•	5000.00
	Candidate Name Rep. Timothy L. Walberg	l	Category/ Type	
	Office Sought: X House Senate President State: MI District: 07	ement For: 2010 Primary X General Other (specify)		
	Full Name (Last, First, Middle Initial) Yoder for Congress			Transaction ID: BA628DA41999F4D32
	Mailing Address P.O. Box 26742		$\begin{bmatrix} \begin{smallmatrix} M & 0 & M \\ 1 & 0 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 2 & D \\ 2 & 2 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & 2 & 0 & 1 & 0 \\ & 2 & 0 & 1 & 0 \end{bmatrix}$	
	City Overland Park	State Zip Code KS 66225		Amount of Each Disbursement this Period
	Purpose of Disbursement			5000.00
	Candidate Name Kevin W Yoder		Category/ Type	
	Office Sought: X House Senate President State: KS District: 03	ement For: 2010 Primary X General Other (specify)		
	Full Name (Last, First, Middle Initial) Committee for the Preservation of Capitalism			Transaction ID: B94661465BEC747C4 Date of Disbursement
	Mailing Address P.O. Box 65314		10 25 2010	
	City Washington	State Zip Code DC 20035		Amount of Each Disbursement this Period
	Purpose of Disbursement VOID - Contribution to Boustany Leadership PAC Candidate Name		Category/ Type	-5000.00
	Office Sought: House Disburs	ement For: 2010 Primary General Other (specify)		
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F	Political Action Committee of the	American Asso	ciation of Orthopa	edic Surgeons	3
_	Full Name (Last, First, Middle Initial)				Transaction ID: B924EA94A39E2407B
_	21st Century PAC				Date of Disbursement
٨	Mailing Address 2052 Lake Audu Suite 300	ubon Court			$\begin{bmatrix} M & M & M \\ 1 & 0 & M \end{bmatrix} / \begin{bmatrix} D & D & D \\ D & G & M \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$
	City Reston	State VA	Zip Code 20191		Amount of Each Disbursement this Period
_	Purpose of Disbursement		20101		5000.00
	Buck McKeon Leadership PAC				
C	Candidate Name			Category/ Type	
C	Office Sought: House	Disbursement F			
	Senate President	Prima V Othor	ry General (specify) ▼		
5	State: District:	Other0	(Specify)		
	Full Name (Last, First, Middle Initial)				Transaction ID: B113A40A89C6F4338
P	Arcuri for Congress				Date of Disbursement
Ī	Mailing Address P.O. Box 8508				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
	City Utica	State NY	Zip Code 13505		Amount of Each Disbursement this Period
_	Purpose of Disbursement	141	10000		2000.00
	Candidate Name Rep. Michael A. Arcuri			Category/ Type	
C	Office Sought: X House	Disbursement F			
	Senate President	Prima	ry X General (specify) ▼		
ξ	State: NY District: 24	Otner	(Specify)		
	Full Name (Last, First, Middle Initial) Conyers for Congress				Transaction ID: BCE9C044EBB1940EFDate of Disbursement
Ī	Mailing Address 1831 Bay Street	t SE			$\begin{bmatrix}\begin{smallmatrix}M\\1\end{smallmatrix}0^{M}\end{smallmatrix} \begin{bmatrix}\begin{smallmatrix}D\\2\end{smallmatrix}6^{D}\end{smallmatrix} \begin{bmatrix}\begin{smallmatrix}Y\\2\end{smallmatrix}0^{Y}0^{Y}\end{smallmatrix}$
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_	Washington Purpose of Disbursement	DC	20003		5000.00
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	Candidate Name Rep. John Conyers, Jr.			Category/ Type	
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ć	President State: MI District: 14		(specify) ▼		
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١.	Political Action Committee of the America	an Association of Orthona	edic 9	Suraeoi	าร					
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	Full Name (Last, First, Middle Initial)							2709506	4564 <i>F</i>	√ 9E
	Dan Coats for Indiana				Date of	Disburs		V * V * V	· * V	
	Mailing Address P.O. Box 301141				1 0 "]	2 6 /	žoi	0	
	City Indianapolis	State Zip Code IN 46230			Amoun	t of Each	Disburs	sement this	s Perio	d
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	Candidate Name Daniel R Coats			egory/ ype						
		sement For: 2010								
	X Senate President	Primary X General Other (specify) ▼								
	State: IN District:	Care (openity)								
	Full Name (Last, First, Middle Initial)				Transa	ction ID	: BD1	764D282	9DC4	E4
	Lummis for Congress					Disburs	ement			
	Mailing Address 2015 Central Ave. Suite 200				10	/ D	26	žoi	0	
	City Cheyenne	State Zip Code WY 82001			Amour	t of Each	n Disburs	sement this	s Perio	d
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	Candidate Name Rep. Cynthia Lummis			egory/ ype						
	Office Sought: X House Senate President State: WY District: 01	sement For: 2010 Primary X General Other (specify) ▼								
	Full Name (Last, First, Middle Initial)				Tropos	ation ID	. DO2	\591376	CDC4	Λο.
	Michaud for Congress					Disburs	ement			Ao
	Mailing Address 213 Lisbon Street				1"0 "]	2 6 /	žoi	0	
	City Lewiston	State Zip Code ME 04240			Amour	t of Each	n Disburs	sement this	s Perio	d
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	Candidate Name Rep. Mike Michaud			egory/ ype						
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_	State: ME District: 02									
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	Detailed Summary Page	27	28a 28b 28c 29 30
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NAME OF COMMITTEE (In Full)			
Political Action Committee of the America	n Association of Orthopa	edic Surgeons	:
Full Name (Last, First, Middle Initial)			Transaction ID: BA66D1FE380804C7
Carper for Senate			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 19 East Commons Blvd	Second Floor		11 1 1 9 7 2010
City New Castle	State Zip Code DE 19720		Amount of Each Disbursement this Period
Purpose of Disbursement	10720		3500.00
Candidate Name Sen. Tom Carper		Category/ Type	
, H	ement For: 2012		
X Senate President	Primary X General Other (specify) ▼		
State: DE District:	(-p)/ V		
Full Name (Last, First, Middle Initial)			Transaction ID: B10B172BE23654205
Carper for Senate			Date of Disbursement
Mailing Address 19 East Commons Blvd	Second Floor		$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 1 & 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} $
City New Castle	State Zip Code DE 19720		Amount of Each Disbursement this Period
Purpose of Disbursement	10720		1500.00
Candidate Name		Category/	
Sen. Tom Carper		Type	
	ement For: 2012 Primary General		
χ Senate X President	Other (specify)		
State: DE District:			
Full Name (Last, First, Middle Initial) Palazzo for Congress			Transaction ID: BD2306B09B7D24D2 Date of Disbursement
Mailing Address 13155 Highway 67 Suite	В		$\begin{bmatrix} M & M \\ 1 & 1 \end{bmatrix} & \begin{bmatrix} D & D \\ 1 & 9 \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$
City Biloxi	State Zip Code MS 39532		Amount of Each Disbursement this Period
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Candidate Name		Cotonsiii	
Steven Palazzo		Category/ Type	
	ement For: 2012		
Senate X President	Primary General Other (specify) ▼		
State: MS District: 04			
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	Full Name (Last, First, Middle Initial) Price for Congress Mailing Address P.O. Box 425				Transaction ID: E Date of Disburseme	11A8FD85E50074C2C91
	City Roswell Purpose of Disbursement	State GA	Zip Code 30077	•	Amount of Each Dis	bursement this Period 5000.00
	Candidate Name Rep. Thomas E. Price			Category/ Type		
	Office Sought: X House Disbu Senate President President District: 06	rsement For: X Primary Other (spec	2012 General ify) ▼			

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$\overline{}$	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the American	Association of Orthopae	dic Surgeons	
	Full Name (Last, First, Middle Initial)			Transaction ID: B68BD5A881D2240E3A
	Alexander M. Marcus, MD			Date of Disbursement
	Mailing Address 205 May St Suite 202			$\begin{bmatrix} \begin{smallmatrix} M & M & M \\ 1 & 1 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 3 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$
	,	State Zip Code NJ 08837-3267		Amount of Each Disbursement this Period
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	Candidate Name		Category/ Type	
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